

MILWAUKEE
MILW CO REG 5 W-2,GOODWILL-EMPLOY SOLUTN
1812 W OVERTURF, AVE
MILWAUKEE WI 53205

State of Wisconsin

Date: 04/05/2004
Case Name: JIMMY JOHNSON
Case Number: 0000516007
Worker Name: ELIZABETH ROBINSON
Worker Number: JX2328
Telephone: (608)283-3030

Questions: Ask your worker.

JIMMY JOHNSON
433 W WASHINGTON AVE
MADISON WI 53704 2703

IMPORTANT: REQUEST FOR EMPLOYMENT AND HEALTH INSURANCE VERIFICATION

We have received information that JIMMY JOHNSON is working at
A & B BUILDERS LTD. This job may impact your household's eligibility.

You must provide proof of this job and wages by the dates listed below. Please take the enclosed Employer
Verification of Earnings form to the employer to complete. The employer or a representative of the employer must
complete and sign this form. Once the employer has completed and signed this form, you must return it to:

The State of Wisconsin, P. O. Box 6530, Madison WI, 53716-0530 by the Verification Due Date below.

<u>Program of Eligibility</u>	<u>Verification Due Date</u>
FOOD STAMPS (FS)	04/09/2004
WISCONSIN WORKS (W-2)	04/09/2004
CHILD CARE- (CC)	04/09/2004
MEDICAL ASSISTANCE (MA)	04/09/2004
CARETAKER SUPPLEMENT (CTS)	04/09/2004

We also need the employer to tell us what kind of health insurance coverage you and your family may be able to get
through this job. We need this information to determine eligibility of your family for BadgerCare.

Please take the enclosed Employer Verification of Health Insurance form to the employer to complete. The employer or a
representative of the employer must complete and sign this form. Once the employer has completed and signed this form, you
must return it to: **The State of Wisconsin, P. O. Box 6530, Madison WI, 53716-0530** by **04/09/2004**.

Contact your case worker, whose name and phone number appear above, if you have questions or any problems getting the
information from the employer. Even if JIMMY JOHNSON

no longer works at this job or you think this information is wrong, you must contact your caseworker by the date listed
above.

if you prefer not to mail in the wage form, you may send your caseworker other proof of your wages. Send the
other proof by the Verification Due Date to the agency address shown in the upper left-hand corner of this letter.

The following are examples of items that can be used to verify wages in place of the wage form:

- >- All pay stubs received in the last 30 days.
- >. Employer statement that indicates the start date, number of hours worked per week, and rate of pay or salary.